PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, blocks I through 5 should be completed where appropriate. All interthe correspondance including the Pattent, advance orders and notification or maintenance fee and the native to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificati		iciwise iii block i, by (i	i) specifying a new conte	=		aute 125 115 516565 101
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
25763	7590 05/15	/2008				
DORSEY & WI INTELLECTUAL SUITE 1500	I he Stat add tran	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
50 SOUTH SIXTH STREET			S	usan Nienabe	er	(Depositor's name)
MINNEAPOLIS, MN 55402-1498				1.000	ionahor	(Signature)
			Ā	ugust 4, 20	008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,932	01/16/2002		Peter Hagerlid		14256	2854
TITLE OF INVENTION:	LIQUID DISPENSING	APPARATUS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	08/15/2008
EXAMI	NER	ART UNIT	CLASS-SUBCLASS]		
GORDON, BRIAN R		1797	422-100000			
1. Change of correspondence address or indication of "Fee Address" CFR 1.563) CRange of correspondence address for Change of Correspondence Address for DTOSB/123 patients "Fee Address" indication (or "Fee Address" Indication form PTOSB/147, Rev 03-02 or more recent) attached. Use of a Custo Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of a single firm (having as a member a registered attorney or agent) and the names of up to 2 regulatered patent attorneys or agents. If no name is listed, no name with be printed.			
3. ASSIGNIEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Biotage AB			Uppsala, Sv	weden		
Please check the appropris	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Corp	poration or other private gr	oup entity Government
4a. The following fee(s) are submitted: 4 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. Early the provided in the provided to charge the required, fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.42—4220 (enclose an extra copy of this form).			
5. Change in Entity Stat						
	SMALL ENTITY state				ENTITY status. See 37 C	
interest as shown by the re	ecords of the United Sta	ites Patent and Trademark	Office.	and approximation of the	7	he assignee or other party in
Authorized Signature	Colu	· far		Date _ Uu	Mart 14,0	8008
Typed or printed name	Colin L. Fa			Registration No	51,663	
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Vi Alexandria, Virginia 223	ation is required by 37 Ciality is governed by 35 application form to the one for reducing this buinging 22313-1450. DO 13-1450.	FR 1.311. The information of U.S.C. 122 and 37 CFR by U.S.C. 122 and 37 CFR by U.S.C. 122 and 137 CFR by U.S.C. 122 and 13	on is required to obtain or 1.14. This collection is est depending upon the indi- te Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 m vidual case. Any com er, U.S. Patent and T O THIS ADDRESS.	e public which is to file (an inutes to complete, includi iments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to processing gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.